## **Best Available Copy**

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  On Substituting Substitu													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS						F	ATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			15 minus 20=		· 2		,	\$ <b>9</b> =		OR	X\$18=	·	
INDEPENDENT CLAIMS			∩ minus 3 =		٠ ک		X40=			1 .	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT									-	OR	<del></del>	<del></del>	
the difference in column 4 in tops they never enter					- 50° in a	neluma 0	L	+135=		OR	+270=	7	
If the difference in column 1 is less than zero, enter "0" in						olumn 2	T	DTAL	<u> </u>	OR	TOTAL	Dig.	
I	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 13	Minus	••		=	×	\$ 9=		OR	X\$18=		
	Independent.	٠ 3	Minus	***		<b>=</b> .	X40=			OR	X80=		
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=			+270=		
								TOTAL	··•• ·	OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							IT. FEE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS		(Column 2) (Column 3) HIGHEST			]		ADDI-		ADDI-		
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY.	PRESENT EXTRA	Ř	ATE ,	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	••		3	X	\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	• •	=	X	<b>40</b> ≃	41.2 Pet	ÓR	X80=		
•			•					35= TOTAL		OR	+270= YOTAL		
								T. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	·			, •			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••			X	9=		OR	X\$18=	ï	
	Independent	•	Minus	***		=	<b> </b>	40=			X80=		
	Elbat bbEce	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		<del>  ^</del>	7U=		OR	V00=		
+135= OR +270=													
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ** ADDIT. FEE DOTAL ADDIT. FEE ADDIT. FEE												
• .	The Highest Nur	mber Previously Pai ber Previously Pai	d For (Total o	o orace i Independ	रू एडड एस्ट ent) Ls the	n 3, enter "3." Highest numbe			propriate box	in col	ບກາກ 1.		

**Application or Docket Number**